

HAND DELIVERED

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

RECEIVED
FEC MAIL CENTER
2015 JUN 15 AM 11:58
Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

JEB 2016, INC.

ADDRESS (number and street)

PO BOX 440669

(Check if address is changed)

MIAMI

CITY ▲

FL

STATE ▲

33144

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

SALPURPURA2010@GMAIL.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

WWW.JEB2016.COM

2. DATE

06

05

2015

3. FEC IDENTIFICATION NUMBER ▶

C

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer WILLIAM SIMON

Signature of Treasurer

Date

06

05

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

11051101

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate **JEB BUSH**

Candidate Party Affiliation REP Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
- In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

- In addition, this committee is a Lobbyist/Registrant PAC.
- In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input type="checkbox"/> C _____
2.	_____	FEC ID number	<input type="checkbox"/> C _____
3.	_____	FEC ID number	<input type="checkbox"/> C _____
4.	_____	FEC ID number	<input type="checkbox"/> C _____

2009-02-01 10:58:11 AM

Write or Type Committee Name

JEB 2016, INC.

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

SALVATORE PURPURA

Mailing Address

PO BOX 440669

Title or Position

MIAMI

FL

33144

CITY

STATE

ZIP CODE

ASSISTANT TREASURER

Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

WILLIAM SIMON

Mailing Address

PO BOX 440669

Title or Position
TREASURER

MIAMI

FL

33144

CITY

STATE

ZIP CODE

Telephone number

11/17/16 11:11 AM

Full Name of Designated Agent

SALVATORE PURPURA

Mailing Address

PO BOX 440669

MIAMI

CITY

FL

STATE

33144

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

CHAIN BRIDGE BANK

Mailing Address

1445-A LAUGHLIN AVENUE

MCLEAN

CITY

VA

STATE

22101

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

100111781 : WSL : WGS

Hand Delivered

FROM: [REDACTED] TO: [REDACTED]

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt
6/15/15

USPS First Class Mail Postmarked
Date of Receipt

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked


PREPARER

6/15/15
DATE PREPARED